

filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	burden
hours per form	1.00

SEC USE ONLY				
Prefix	Serial			
DATE F	RECEIVED			

Name of Offering (check if this is an amendment and name has changed, and indicate change.) The Topiary Select Trust I (the "Issuer")	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Supplied Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Topiary Select Trust I	
Address of Executive Offices (Number and Street, City, State, ZIP Code) c/o Trustee, Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands	Telephone Number (Including Area Code) (345) 949-0050
Address of Principal Business Operations (Number and Street, City, State, ZIP Code) (if different from Executive Offices) same as above	Telephone Number (Including Area Code) same as above
Brief Description of Business To achieve capital appreciation by investing in a portfolio of collective in	vestment vehicles 8
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 9 9 9	Actual Estimated ESED
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 40	017 CER 230 501 et seg or 15 U.S. C. 27d(6)
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that it was mailed by United States registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Ar the manually signed copy or bear typed or printed signatures.	ny copies not manually signed must be photocopies of
Information Required: A new filing must contain all information requested. Amendments need only report the name information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part	e of the issuer and offering, any changes thereto, the E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.	in those states that have adopted ULOE and that hav where sales are to be, or have been made. If a stat this form. This notice shall be filed in the appropriat
ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exen appropriate federal notice will not result in a loss of an available state exemption unless	nption. Conversely, failure to file the

A. BASIC IDENTIFICATION DATA							
2. Enter the information requested for the following:							
 Each promoter of the issuer, if the issuer has been organized within the past five years; 							
 Each beneficial owner having the power to vote or dispose, or direct the vote or dispose, or direct the vote or dispose, or direct the vote or dispose. 	disposition of, 10% or more of a class of equity securities of						
Each executive officer and director of corporate issuers and of corporate general a	nd managing partners of partnership issuers; and						
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: Promoter Beneficial Owner Executive (Officer Director X Trustee						
Full Name (Last name first, if individual) Caledonian Bank & Trust Limited (the "Trustee")							
Business or Residence Address (Number and Street, City, State, Zip Code) Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Island	s						
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Deutsche Bank Trust Company Americas							
Business or Residence Address (Number and Street, City, State, Zip Code) 345 Park Avenue, 24th Floor, New York, New York 10019							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Walker, William S.							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George	Town, Grand Cayman, Cayman Islands						
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Bird, David G.							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George	Town, Grand Cayman, Cayman Islands						
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Walker, David S.							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Mudeen, Ali							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) O'Neil, James							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands							
	1						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDE	NTIFICATION DATA					
2. Enter the information requested for the following:						
• Each promoter of the issuer, if the issuer has been organized within the past five years;						
 Each beneficial owner having the power to vote or dispose, or of the issuer; 	direct the vote or disposition of	of, 10% or more of	a class of equity securities of			
Each executive officer and director of corporate issuers and of c	orporate general and managin	g partners of partne	rship issuers; and			
Each general and managing partner of partnership issuers.						
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Murugesu, Vijayabalan						
Business or Residence Address (Number and Street, City, State, Zip Code c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy		nd Cayman, Cayn	an Islands			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) McGrath, Bernard G.H.						
Business or Residence Address (Number and Street, City, State, Zip Code c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy		nd Cayman, Cayn	an Islands			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Deutsche Bank Suisse Ref Cambridge Engineering						
Business or Residence Address (Number and Street, City, State, Zip Code c/o DBPB Services SA, Quai Du Seujet 24, Case Postale 1400, CH 121						
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Deutsche Bank Aktiengesellschaft						
Business or Residence Address (Number and Street, City, State, Zip Code 8 Shelton Way, #34-02, Temasek Tower, Singapore 068811	s)					
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Deutsche Bank Suisse						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o DBPB Services SA, Quai Du Seujet 24, Case Postale 1400, CH 1211, Geneva 1, Switzerland						
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Deutsche Bank AG (London Branch) Xavex First						
Business or Residence Address (Number and Street, City, State, Zip Code) 25 DeForest Avenue, 2 nd Floor, Summit, New Jersey 07901						
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
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					В	. INFORM	1ATION A	BOUT OF	FERING					
													YES	NO
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Ц	\boxtimes				
2.	2. What is the minimum investment that will be accepted from any individual?								\$100,00	00*				
 * The units of beneficial interest of the Issuer (the "Units") will be offered in four classes. The minimum amount for initial investment is: \$1,000,000 for Class I Units, \$100,000 for Class III Units, \$100,000,000 for Class V Units, and \$10,000,000 for Class VI Units, subject to the discretion of the Trustee to lower such amount. 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission 								YES	NO					
	or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N		st name fir			-									
Deut	tsche Ba	ınk Securi	ties Inc.											
					Street, City	, State, Zip	Code)						` `	
		et, New Yo)5	· · · · · · · · · · · · · · · · · · ·					`	 -		
Name	of Assoc	ciated Brok	er or Deal	er										
States	in Whic	h Person L	isted Has S	Solicited o	r Intends to	Solicit Pu	rchasers	•						
	(Check	"All States	" or check	individua	States)				•••••			🛛	All States	
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	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	ame (La	st name fir	st, if indivi	idual)			;							
Deuts	sche Bai	nk Trust (Company A	Americas										
Busine 345 P	ss or Re	sidence Acenue, 24th	ldress (Nu Floor, Ne	mber and S w York, N	Street, City ew York 1	, State, Zip 0019	Code)	:						
Name	of Assoc	iated Brok	er or Deal	er										
					Intends to									
	-												States (a)	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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Deutsc	he Banl	k Florida I	N.A.											
Business or Residence Address (Number and Street, City, State, Zip Code)														
350 Royal Palm Way, Palm Beach, Florida 33480														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
	•				·-			(DE)	וחכו	rj 1	[GA1		States (b)	
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	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

⁽a) Deutsche Bank Trust Company Americas is a division of a national bank and will offer and sell the securities in states where banks are excluded from the definition of "broker-dealer" or exempted from registration therefrom.

⁽b) Deutsche Bank Florida N.A. is a national banking association chartered in the United States and will offer the securities in states where banks are excluded from the definition of "broker-dealer" or exempted from registration therefrom.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Prio	Amount Already e Sold
	Debt	\$0	\$0
	Equity	\$0	\$0
	Common Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$ 0	\$0
	Other (Specify Units of Beneficial Interest (a))	\$1,000,000,000 (b)	\$735,415,945.04
		\$1,000,000,000 (b)	
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
-	Accredited Investors	161	\$735,415,945.04
	Non-accredited investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	_\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	_	¬ ————
	Printing and Engraving Costs		
	Legal Fees Accounting Fees		
		_	
	Engineering Fees Sales Commissions (specify finders' fees separately)		7
	Other Expenses (identify) Filing Fees	_	——————
(a)	Total	ass VI Units. T	\$25,115,000 hese Subclasses of
	Units are identical in every way except with respect to the minimum investment required, fees, and cur denominated. Open-end fund; estimated maximum aggregate offering amount.	rency in which s	uch Units are

total exp	b. Enter the difference between the aggregateness furnished in response to Part C - Question sucr."				
					\$974,885,000
to the l	Indicate below the amount of the adjusted gro purposes shown. If the amount for any purp eft of the estimate. The total of the payme t forth in response to Part C – Question 4.b above	oose is not known, furnish an estimate ents listed must equal the adjusted g	e and check the	box	
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$0	⊠ so
	Purchase of real estate			\$0	⊠ \$0
	Purchase, rental or leasing and installation of ma	achinery and equipment		\$0	⊠ \$0
	Construction or leasing of plant buildings and fa	cilities		\$0	⋈ \$0
	Acquisition of other businesses (including the va offering that may be used in exchange for the as	sets or securities of another	_		
	issuer pursuant to a merger)				\$0
	Repayment of indebtedness		⊠	\$0	⊠ so
	Working capital		,	\$0	⊠ \$0
	Other (specify): Portfolio Investments		🗵	\$0	\$974,885,000
			5 7	\$0	⊠ \$0
	Column Totals			\$0	\$974,885,000
	Total Payments Listed (column totals added)			\$974,885	,000
		D. FEDERAL SIGNATURE	· 	<u></u>	
signature	or has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnis on furnished by the issuer to any non-accredited	h to the U.S. Securities and Exchange Co	mmission, upon v		
	rint or Type)	Signature		Date July	21, 2004
	oiary Select Trust I	10		n Muruges	
Name of	Signer (Print or Type)	Pitle of Signer (Print or Type)		l Privat e Client	
David S	Walker	Managing Director of the Trustee o			
-					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).